

Form B 21 Official Form 21
(12/03)

Form 21. STATEMENT OF SOCIAL SECURITY NUMBER

**UNITED STATES BANKRUPTCY COURT
Central District of Illinois**

In re)	
Reuben Harold Smith, Debtor)	
)	
)	
)	
Address)	Case No.
4800 S. Chicago Beach)	
Chicago, IL 60615)	Chapter 13
)	
)	
Employer's Tax Identification (EIN) No(s). [if any]:)	
)	
)	
Last four digits of Social Security No(s): [if any])	
0385)	

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): **Smith, Reuben, Harold**

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social Security Number and it is : **354** - **62** - **0385**
(if more than one, state all.)

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

☐ Joint Debtor has a Social Security Number and it is : _____ - _____ - _____
(if more than one, state all.)

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X s/ Reuben Harold Smith

Signature of Debtor

5/2/2007

Date

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.